

**NONPROVISIONAL PATENT
APPLICATION TRANSMITTAL RULE § 1.53(b)
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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Docket No. 108397-00025
Date: January 26, 2001

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is a nonprovisional patent application:

For (Title): SEMICONDUCTOR INTEGRATED CIRCUIT AND METHOD FOR
INITIALIZING THE SAME

By (Inventors): Hideo AKIYOSHI (Kawasaki, Japan)

- ☒ 13 pages of Specification/Claims 1-7/Abstract are attached.
☒ Formal drawings (Figs. 1-5; 5 sheets) are attached.
☒ A Declaration and Power of Attorney is attached.
☒ An assignment of the invention to FUJITSU LIMITED is attached, along with Form PTO-1595 and a check for \$40.00.
☐ An Information Disclosure Statement is attached, along with Form PTO-1449, and _____ reference(s).
☐ This application is entitled to Small Entity Status.
☐ A Preliminary Amendment is attached.
☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____ --.
☒ Priority of foreign application No. 2000-192228 filed June 27, 2000 in JAPAN is claimed under 35 U.S.C. §119.
☒ A certified copy of the above corresponding foreign application is attached.

The filing fee is calculated below and includes claim status after entry of any Preliminary Amendment noted above:

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	7 - 20	= 0
INDEP CLAIMS	4 - 3	= 1
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS		

SMALL ENTITY			LARGE ENTITY	
RATE	FEE	OR	RATE	FEE
	\$ 355	OR		\$ 710
x 9 =	\$	OR	x 18	\$ 0
x 40 =	\$	OR	x 80	\$ 80
+135 =	\$	OR	+270	\$ 0
TOTAL	\$	OR	TOTAL	\$ 790

- ☒ A check in the amount of \$830.00 (\$790.00 for the filing fee and \$40.00 for the Assignment Recordation Fee) is attached. Please charge any fee deficiency or credit any overpayment to Deposit Account No. 01-2300.

Respectfully submitted,


Charles M. Marmelstein
Registration No. 25,895

CMM/ts

JC918 U.S. PTO
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